Department of Health & Human Services

DHHS
NEBRASKA

Division of Medicaid and Long-Term Care

State of Nebraska
Dave Heineman, Governor

PROVIDER BULLETIN   No. 13-51

July 19, 2013

TO: All Providers Participating in the NE Medicaid Program
            All Medicaid EDI Trading Partners

FROM: Vivianne M. Chaumont, Director
            Division of Medicaid & Long-Term Care

BY: Kris Azimi, Interim Administrator
            Medicaid IT Initiatives

RE: Affordable Care Act Administrative Simplification (AS)
            Requirements for HIPAA Electronic Transactions: Eligibility for a
            Health Plan (270/271) and Health Care Claim Status (276/277)

            Project: AS-ECS (Administrative Simplification - Eligibility and
                      Claim Status) Implementation

**Please Share This Information With Administrative, Billing and IT Staff and Trading
Partners.**

**This Provider Bulletin provides information for providers and trading
partners who submit HIPAA electronic transactions for eligibility status
(270/ 271) and claim status (276/277).**

All HIPAA covered entities, including providers, clearinghouses and payers, are
required to comply with the Affordable Care Act (ACA) requirements to
implement the CORE Phase I and Phase II Operating Rules for two HIPAA
transactions: eligibility for a health plan (270/271) and health care claim status
(276/277). This project is known as the Medicaid AS-ECS (Administrative
Simplification - Eligibility and Claim Status) Implementation Project. The addition
of operating rules to standard transactions is expected to assist providers in
receiving more robust and complete responses to their inquiries for eligibility and
claim status information.

If you are not familiar with the Operating Rules, known as CORE Phase I and Phase II, they are available at no charge from the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange® (CORE) Web site at: http://caqh.org/ORMandate_Eligibility.php.

The AS-ECS Project is being implemented via two Tracks in which providers and/or trading partners may see changes:

- **Track 1 (Operating Rules 154, 258, 259 and 260):**

  - **Change:** The data content of the 270/271 Eligibility Status Transaction will be expanded.
    - Currently, Medicaid only returns one Service Type Code (STC). With the changes that will be implemented July 28, 2013, all CORE mandated STCs and related financial information will be returned.
    - Multiple Subscriber AAA segments could also be returned, if appropriate.
    - Patient Last Name will be normalized to improve match probability.

  - **Implementation Date:** July 28, 2013

  - **Providers:** Providers should contact their IT staff or trading partner/clearinghouse to determine what, if any, additional information will be requested and/or received.

  - **Trading Partners:** Medicaid has successfully tested with selected Trading Partners. No problems receiving or reading the additional information were experienced with both those Trading Partners who have implemented the CORE Operating Rules, and with those who have not.
    - Trading Partners should contact their providers regarding any additional information that the provider might request or receive.

  - **Reference:** See CORE Operating Rules for details.

- **Track 2 (Operating Rules 152, 153, 155, 156, 157, 250 & 270):**

  - **Change:**
    - Connectivity methods for the 270/271 Eligibility Status and 276/277 Health Claim Status transactions will be expanded.
    - Real-time responses for individual requests (one client or one claim at a time within 20 seconds) will be available.
    - Companion Guide template will change.

- o **Implementation Date:** The Request for Proposals (RFP) process is being utilized to achieve the ability and technical tools to offer real time responses and the additional methods of connectivity over a secure web-based protocol. More information will be published as it becomes available.

- o **Reference:** See CORE Operating Rules for details.

NOTE:

- There will be no change required for the current **batch** processing of the 270/271 eligibility status or the 276/277 claim status transactions.

- **Nebraska Medicaid will continue to support Internet Access for Providers to Medicaid Claim Status Inquiry (MCCS) and Medicaid Client Eligibility Verification (RFS6).** This service allows providers immediate access to claim status and client eligibility information. For more information, see http://dhhs.ne.gov/medicaid/Pages/med_internetaccess.aspx.

If you have questions regarding this bulletin, please submit them to DHHS.ACAEDIAdminSimp@nebraska.gov or 866-498-4357 or 402-471-9461.